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<small>0010/PTO Rev. 6/95</small>  <div style="text-align: center;"><b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Declaration Submitted with Initial Filing</div><div>OR</div><div><input checked="" type="checkbox"/> Declaration Submitted after Initial Filing</div></div>	<div style="text-align: center;"><small>U.S. Department of Commerce Patent and Trademark Office</small></div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Attorney-Docket Number</td><td style="width: 50%;">C-2809.PCT/US</td></tr><tr><td>First Named Inventor</td><td>ANSMANN, Achim</td></tr><tr><td colspan="2" style="text-align: center;">COMPLETE IF KNOWN</td></tr><tr><td>Application Number</td><td>10/549,953</td></tr><tr><td>Filing Date</td><td></td></tr><tr><td>Group Art Unit</td><td></td></tr><tr><td>Examiner Name</td><td></td></tr></table>	Attorney-Docket Number	C-2809.PCT/US	First Named Inventor	ANSMANN, Achim	COMPLETE IF KNOWN		Application Number	10/549,953	Filing Date		Group Art Unit		Examiner Name	
Attorney-Docket Number	C-2809.PCT/US														
First Named Inventor	ANSMANN, Achim														
COMPLETE IF KNOWN															
Application Number	10/549,953														
Filing Date															
Group Art Unit															
Examiner Name															

As a below named inventor, I hereby declare that:  
My residence, post office address, and citizenship are as stated below next to my name.  
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**EMOLLIENT MIXTURE AND USE THEREOF AS A MINERAL OIL SUBSTITUTE**

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 

03/11/2004

 as United States Application Number or PCT International

Application Number 

PCT/EP2004/002495

 and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority		Certified Copy Attached?	
			Not Claimed		YES	NO
103 12 352.0	Germany	03/20/2003	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

**Burden Hour Statement:** This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Type a plus sign (+) inside this box → ☐

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**DECLARATION****Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP2004/002495	03/11/2004	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input checked="" type="checkbox"/> Firm Name	23657	Customer Number	or label	
OR				
<input type="checkbox"/> List Attorney(s) and/or agent(s) name and registration number below:				

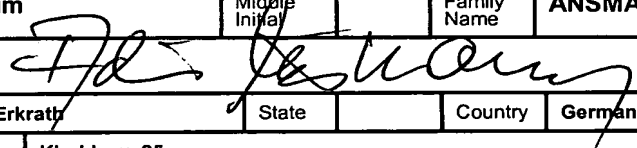
Name	Registration Number	Name	Registration Number

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label 23657 OR ☐ Fill in correspondence address below


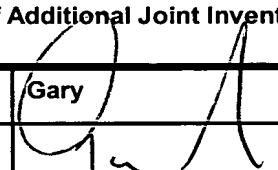
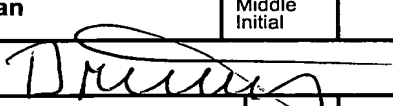
Name						
Address						
Address						
City		State		Zip		
Country		Telephone		Fax		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>Name of Sole or First Inventor:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Achim	Middle Initial		Family Name	ANSMANN	Suffix e.g. Jr.	
Inventor's Signature					Date	5-9-05	
Residence: City	Erkrath	State		Country	Germany	Citizenship	German
Post Office Address	Kirchberg 25						
Post Office Address							
City	40699 Erkrath	State		Zip		Country	Germany
Applicant Authority							
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

Type a plus sign (+) inside this box ☐

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor								
Given Name	Bettina			Middle Initial		Family Name	JACKWERTH			Suffix e.g. Jr.				
Inventor's Signature							Date	29.9.05						
Residence: City	Langentfeld			State		Country	Germany			Citizenship	German			
Post Office Address	Brunnenstrasse 33b													
Post Office Address														
City	40764 Langentfeld			State		Zip		Country	Germany			Applicant Authority		
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor								
Given Name	Gary			Middle Initial		Family Name	DEE			Suffix e.g. Jr.				
Inventor's Signature							Date	10/10/05						
Residence: City	Blue Bell			State	PA	Country	USA			Citizenship	Great Britain			
Post Office Address	1749 Hallmann Drive													
Post Office Address														
City	Blue Bell			State	PA	Zip	19422	Country	USA			Applicant Authority		
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor								
Given Name	Stefan			Middle Initial		Family Name	BRUENING			Suffix e.g. Jr.				
Inventor's Signature							Date	10/04/05						
Residence: City	Philadelphia			State	PA	Country	USA			Citizenship	USA			
Post Office Address	32 East Springfield Avenue													
Post Office Address														
City	Philadelphia			State	PA	Zip	19118	Country	USA			Applicant Authority		
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor								
Given Name				Middle Initial		Family Name				Suffix e.g. Jr.				
Inventor's Signature							Date							
Residence: City				State		Country				Citizenship				
Post Office Address														
City				State		Zip		Country				Applicant Authority		
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto														